

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

CA Housing Finance Agency

Division, Department, or Region (if applicable)

Office of General Counsel

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

(916) 326-8481

Email

mmiller@calhfa.ca.gov

Agency Contact (name and title)

Misty Miller, Filing Officer



California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Federal Reserve Bank of San Francisco

Name

101 Market Street, MS 215

San Francisco

CA

94105

Address

City

State

Zip Code

Public Service Institution

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	\$	Amount	Name	\$	Amount
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## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment

Los Angeles, CA

02/08/2016

Location of Travel

Dates (month, day, year)

Southwest Airlines

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ 0.00

\$ 30.00

\$ 587.56

\$ 0.00

\$ 617.56

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

### 3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)

Total Expenses

### 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Speaker travel reimbursement for 2016 National Interagency Community Reinvestment Conference. Panelist for "Mortgage Credit: Prudent, Responsive, Inclusive, and Affordable" presentation.

### 3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Giebel

Kenneth

Division Director

Single Family Division

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

## 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Tia Boatman Patterson

Print Name

Executive Director

Title

03/11/16

(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)  
advice@fppc.ca.gov

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